

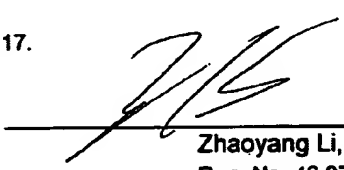
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application or Docket Number 09-412297		
CLAIMS AS FILED - PART I							
(Column 1)		(Column 2)		SMALL ENTITY		OR	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	•		X \$ _____		OR	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	•		X \$ _____		OR	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+	\$ _____	OR	
				TOTAL		OR	
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED - PART II							
(Column 1)		(Column 2)	(Column 3)		SMALL ENTITY		OR
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**		X \$ _____		OR
	Independent (37 CFR 1.16(b))	Minus	***		X \$ _____		OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	\$ _____	OR
					TOTAL ADD'L FEE		OR
(Column 1)		(Column 2)	(Column 3)		SMALL ENTITY		OR
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**		X \$ _____		OR
	Independent (37 CFR 1.16(b))	Minus	***		X \$ _____		OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	\$ _____	OR
					TOTAL ADD'L FEE		OR
(Column 1)		(Column 2)	(Column 3)		SMALL ENTITY		OR
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**		X \$ _____		OR
	Independent (37 CFR 1.16(b))	Minus	***		X \$ _____		OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	\$ _____	OR
					TOTAL ADD'L FEE		OR
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NO
fee
due

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 39370.11	
Applicant(s): Kang Ting					
Serial No. 09/412,297	Filing Date October 5, 1999	Examiner Vanessa L. Ford		Group Art Unit 1645	
Invention: NELL-1 Enhanced Bone Generalization					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	53	53	0	X \$52.00	\$00.00
INDEP. CLAIMS	9	7	2	X \$100.00	\$200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$200.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$200.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: June 7, 2005 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200			 Zhaoyang Li, Ph.D. Reg. No. 46,872		
cc: Docket:					